



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/30/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986643377

FACILITY NAME -> STAR CLEANERS

MAILING ADDRESS -> 55 SPARTA AVE
SPARTA, NJ 07871

INSTALLATION ADDRESS -> 55 SPARTA AVE
SPARTA, NJ 07871

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: SO, JOO
OWNER
STAR CLEANERS
55 SPARTA AVE
SPARTA, NJ 07871

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

NOV 23 REC'D

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ0986643377

II. Name of Installation (Include company and specific site name)

STAR CLEANERS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

55 SPARTAN AVE

Street (continued)

City or Town

SPARTAN

State

ZIP Code

NJ 07871 -

County Code

County Name

SUSSEX

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

55 SPARTAN AVE

City or Town

SPARTAN

State

ZIP Code

NJ 07871 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

SORE

(first)

JOO

Job Title

OWNER

Phone Number (area code and number)

201-729-7990

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

SPARTAN

State

ZIP Code

NJ 07871 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

JOO SO

Street, P.O. Box, or Route Number

55 SPARTAN AVE

City or Town

SPARTAN

State

ZIP Code

NJ 07871 -

Phone Number (area code and number)

201-729-7990

B. Land Type



C. Owner Type

D. Change of Owner
Indicator

Yes

No

(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☒ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation)

Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Burner - indicate device(s) -
 Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel:

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) -
 Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☒

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

F0002 000009

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F0002	000009				
7	8	9	10	11	12

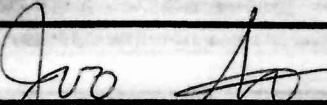
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

Joe SO OWNER

Date Signed

11-17-92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

State of New Jersey
Department of Environmental Protection
Manifest Section
CN 028, 401 East State Street
Trenton, New Jersey 08625-0028

07X00033020
U.S. EPA
REGION II
HAZARDOUS WASTE
PROCESSES BRANCH
95 SEP 11 PM 12:33

"Request to Deactivate EPA ID Number"

EPA ID No. ND 986643377-J00 SO

Company Name: JAS OUNER/CLEARERS

Site Address: 55 SPARTA AVE SPARTA
(street) (city / town)
NJ 07891 #5 #19.02
(state) (zip code) (lot) (block)

Mailing Address: 55 SPARTA AVE SPARTA
(street / p.o. box) (city / town)
NJ 07891
(state) (zip code)

Company Contact: J00 SO (201) 729-7990
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

☐ The EPA ID number was obtained for a one time cleanup which is completed.

☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____).

☒ Other WANT TO CHANGE FROM EPA N.J.D.H
TO EPA N.J.Y. #. to be
a small quantity generator

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

J00 SO
(printed name)

J00 SO
(signature)

OWNER
(title)

11.95
(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant

ND 10/26/95 3/R - 3N20